

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

ADDRESS (number and street)

Suite 2000

4965 US Highway 42

☐Check if different
than previously
reported. (ACC)

Louisville

KY

40222

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00016444

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

KY

5. Covering Period

10

01

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MD Susan G. Bornstein

Signature of Treasurer

Electronically Filed by MD Susan G. Bornstein

Date

12

06

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110462.09
(b) Cash on Hand at Beginning of Reporting Period	67445.25	
(c) Total Receipts (from Line 19)	27504.11	99182.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94949.36	209644.70
7. Total Disbursements (from Line 31)	57627.84	172323.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37321.52	37321.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14350.00	31250.00
(i) Itemized (use Schedule A)	13036.00	66466.00
(ii) Unitemized	27386.00	97716.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	27386.00	97716.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	118.11	1466.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27504.11	99182.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27504.11	99182.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4008.34	35013.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	4008.34	35013.68
22. Transfers to Affiliated/Other Party Committees.....	4650.00	23340.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	9009.50	10009.50
(b) Political Party Committees	3050.00	3050.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	12059.50	13059.50
29. Other Disbursements.....	36910.00	100910.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57627.84	172323.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57627.84	172323.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27386.00	97716.00
34. Total Contribution Refunds (from Line 28(d))	12059.50	13059.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15326.50	84656.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4008.34	35013.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4008.34	35013.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Keith J. Alexander, MD Mailing Address 3633 Winding Wood Ln City Lexington State KY Zip Code 40515-1284 FEC ID number of contributing federal political committee. C Name of Employer Kentucky Ear, Nose & Throat Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7672 Amount of Each Receipt this Period 150.00 Check
B. Full Name (Last, First, Middle Initial) William R. Allen, MD Mailing Address 204 Betsy Ln City Richmond State KY Zip Code 40475-8524 FEC ID number of contributing federal political committee. C Name of Employer Commonwealth Urology PSC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7673 Amount of Each Receipt this Period 150.00 Check
C. Full Name (Last, First, Middle Initial) Kimberly Ann Alumbaugh, MD Mailing Address 4108 Woodstone Way City Louisville State KY Zip Code 40241-5867 FEC ID number of contributing federal political committee. C Name of Employer Total Woman Obstetrics & Gynecology Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7675 Amount of Each Receipt this Period 500.00 Check

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Lee A. Balaklaw, MD

Mailing Address 1057 Meadowbrook Ln

City State Zip Code
 Louisa KY 41230-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of
Louisa PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7676

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

Wesley Braden, III MD

Mailing Address 890 Squire Oaks Dr

City State Zip Code
 Villa Hills KY 41017-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7794

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Stephen Burkhart, MD

Mailing Address 97 SR 1668

City State Zip Code
 Marion KY 42064-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burkhart Rural Health Cli-
nic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7679

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Jyotin V. Chandarana, MD

Mailing Address 215 W Argyll Cir

City

Hazard

State

KY

Zip Code

41701-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jyotin V. Chandarana, MD

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7766

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. Larry N. Cook, MD

Mailing Address 2011 Woodford PI

City

Louisville

State

KY

Zip Code

40205-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neonatal Associates PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7767

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

C. Mark Lee Crawford, MD

Mailing Address 105 Jalusian Trail

City

Paducah

State

KY

Zip Code

42001-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7768

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Gerald G. Edds, MD

Mailing Address 1847 Griffith Ave

City State Zip Code
 Owensboro KY 42301-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7684

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

Richard A. Eiferman, MD

Mailing Address 4 River Hill Rd

City State Zip Code
 Louisville KY 40207-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: R7769

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Walter R. Eiseman, MD

Mailing Address 39 Marian Dr

City State Zip Code
 Lakeside KY 41017-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7798

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. James M. Fetter, III MD

Mailing Address 516 Sampson Dr

City State Zip Code
 Frankfort KY 40601-8860

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7686

Amount of Each Receipt this Period

1000.00

Check

Full Name (Last, First, Middle Initial)

B. Herbert B. Francis, MD

Mailing Address 1201 Edgecliff PI Apt 1153

City State Zip Code
 Cincinnati OH 45206-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7795

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

C. Donal D. Gaynor, MD

Mailing Address 136 Seville Ct

City State Zip Code
 Ft Mitchell KY 41017-2763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7799

Amount of Each Receipt this Period

1000.00

Check

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 33

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Charles S. Giles, MD

Mailing Address P O Box 1509

City State Zip Code
Columbia KY 42728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R7759

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

M. Douglas Gossman, MD

Mailing Address 1208 Bluegrass Pkwy

City State Zip Code
LaGrange KY 40031-8014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R7760

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Paul R. Guenther, MD

Mailing Address 812 Windgate Ct

City State Zip Code
Villa Hills KY 41017-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patient First Phys East-S-
outhgate

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7781

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Heather Lynn Harmon, MD

Mailing Address 4824 Cedar Forest PI

City State Zip Code
Louisville KY 40245-1991

FEC ID number of contributing
federal political committee.

C

Name of Employer
KY Eye Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: R7804

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. William C. Harrison, MD

Mailing Address 4045 Foxtail PI

City State Zip Code
Owensboro KY 42303-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology PSC

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7773

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Bryan T. Iglehart, Jr. MD

Mailing Address 11701 Paramount Way

City State Zip Code
Prospect KY 40059-9060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sasser David Iglehart Sas-
ser Dixon Rei

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: R7813

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Stephen Jackson, MD

Mailing Address 1900 N Friendship Rd

City State Zip Code
 Paducah KY 42001-8690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase Orthopaedic Assoc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: R7774

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)

George A. Kargas, MD

Mailing Address 324 George St

City State Zip Code
 Somerset KY 42503-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Anesthesia Ass-
ociates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: R7736

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Robin Leigh Kloth, MD

Mailing Address 1209 Litchfield Ln

City State Zip Code
 Lexington KY 40513-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7815

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Hameed I. Koury, MD Mailing Address 512 Farmington Ct City Richmond State KY Zip Code 40475-2272 FEC ID number of contributing federal political committee. C Name of Employer Central KY Surgery PSC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: R7737 Amount of Each Receipt this Period 150.00 Check
B. Full Name (Last, First, Middle Initial) Timothy C. Kriss, MD Mailing Address 6690 Delaney Ferry Ext City Versailles State KY Zip Code 40383-9015 FEC ID number of contributing federal political committee. C Name of Employer Neurosurgery & Spine Specialist PSC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7691 Amount of Each Receipt this Period 500.00 Check
C. Full Name (Last, First, Middle Initial) Brian C. Lawler, MD Mailing Address 755 Cedar Point Dr City Cincinnati State OH Zip Code 45230-3755 FEC ID number of contributing federal political committee. C Name of Employer Radiology Associates of Northern KY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: R7796 Amount of Each Receipt this Period 150.00 Check

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)
Mary T. Legenza, MD
Mailing Address 502 Amanda Furnace Cir

City State Zip Code
Ashland KY 41101-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeastern KY Surgeons
PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: R7692

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)
Dean F. Leslie, MD
Mailing Address 2120 Kenilworth Pl

City State Zip Code
Louisville KY 40205-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7775

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)
Thomas R. Love, MD
Mailing Address 99 Stoney Brooke Dr

City State Zip Code
Ashland KY 41101-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: R7695

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Kevin D. Martin, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 5788 Brookstone Dr		Transaction ID: R7668
City State Zip Code Cincinnati OH 45230-3596	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer The Cranley Surgical Associates	Occupation Self-employed physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) James W. Matthews, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 53 Avenue of Champions		Transaction ID: R7776
City State Zip Code Nicholasville KY 40356-9720	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer James W. Matthews, MD	Occupation Self-employed physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) William B. Monnig, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 111 Crystal Ln		Transaction ID: R7807
City State Zip Code Covington KY 41015-9537	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Monnig, Elicker, Creevy, Schwartz	Occupation Self-employed physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)
Richard E. Nallinger, MD
Mailing Address 518 Woodland Pl

City State Zip Code
Danville KY 40422-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Urology PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R7742

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)
Eric W. Neils, MD
Mailing Address 904 Squire Oaks Dr

City State Zip Code
Villa Hills KY 41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: R7782

Amount of Each Receipt this Period

350.00

Check

C. Full Name (Last, First, Middle Initial)
Preston Nunneley, Jr. MD
Mailing Address 3000 Brookmonte Ln

City State Zip Code
Lexington KY 40515-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Baptist Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R7761

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Barbara A. Phillips, MD

Mailing Address 119 Sycamore Rd

City State Zip Code
 Lexington KY 40502-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7701

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. Brahmaji S. Puram, MD

Mailing Address 443 Cedar Creek Rd

City State Zip Code
 Pikeville KY 41501-3764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appalachian Cardiology Cl-
inic PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7703

Amount of Each Receipt this Period

100.00

Check

Full Name (Last, First, Middle Initial)

C. Vijayalakshmi Puram, MD

Mailing Address 443 Cedar Creek Rd

City State Zip Code
 Pikeville KY 41501-3764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: R7704

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Norman D. Radtke, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 12 Overbrook Rd		Transaction ID: R7706 Amount of Each Receipt this Period 500.00 Check
City Louisville	State KY	
Zip Code 40207-1334		
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self-employed physician Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mary C. Russell, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 123 Brittany Ct		Transaction ID: R7827 Amount of Each Receipt this Period 150.00 Check
City Lakeside Park	State KY	
Zip Code 41017-2101		
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Northern KY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Jeffrey L. Schmitter, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 2011 Edenberry Dr		Transaction ID: R7808 Amount of Each Receipt this Period 300.00 Check
City Ft Mitchell	State KY	
Zip Code 41017-4464		
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Northern KY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self-employed physician Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) Donald J. Swikert, MD Mailing Address 10003 Country Hill Ct City Union State KY Zip Code 41091-9774 FEC ID number of contributing federal political committee. C Name of Employer Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7710 Amount of Each Receipt this Period 1000.00 Check
B. Full Name (Last, First, Middle Initial) Lloyd R. Taustine, MD Mailing Address 5800 Glen Park Rd City Louisville State KY Zip Code 40222-5979 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: R7816 Amount of Each Receipt this Period 150.00 Check
C. Full Name (Last, First, Middle Initial) Natarajan Thannoli, MD Mailing Address P O Box 3556 City West Somerset State KY Zip Code 42564-3556 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7713 Amount of Each Receipt this Period 150.00 Check

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. William C. Thorndyke, MD

Mailing Address PO Box 569

City

Louisa

State

KY

Zip Code

41230-0569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: R7714

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. Daniel W. Varga, MD

Mailing Address 4108 Woodstone Way

City

Louisville

State

KY

Zip Code

40241-5867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: R7711

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Corazon A. Veza, MD

Mailing Address 791 Bates Rd

City

Elizabethtown

State

KY

Zip Code

42701-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: R7723

Amount of Each Receipt this Period

150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial) David A. Watkins, MD Mailing Address 5600 Timberlane Dr City Henderson State KY Zip Code 42420-9152 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: R7717 Amount of Each Receipt this Period 1000.00 Check
B. Full Name (Last, First, Middle Initial) Carolyn S. Watson, MD Mailing Address 1290 US 60 W City Ledbetter State KY Zip Code 42058-9569 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pathology Associates of Paducah PSC Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: R7805 Amount of Each Receipt this Period 150.00 Check
C. Full Name (Last, First, Middle Initial) Sean D. Wells, MD Mailing Address 1723 Grandview Drive City Hebron State KY Zip Code 41048-7957 FEC ID number of contributing federal political committee. C Name of Employer Occupation Radiology Associates of Northern KY Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: R7751 Amount of Each Receipt this Period 50.00 Check

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Sean D. Wells, MD

Mailing Address 1723 Grandview Drive

City State Zip Code
 Hebron KY 41048-7957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Northern KY

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7797

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

B. Fred A. Williams, Jr. MD

Mailing Address 430 Twinbrook Rd

City State Zip Code
 Louisville KY 40207-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Endocrine & Diabetes Asso-
ciates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 6

Transaction ID: R7792

Amount of Each Receipt this Period

150.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Steven M. Woodruff, MD

Mailing Address 5925 Graves Lake Dr

City State Zip Code
 Cincinnati OH 45243-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Head & Neck Surgery Assoc-
iates PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: R7757

Amount of Each Receipt this Period

150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A.

Full Name (Last, First, Middle Initial)

R. Brent Wright, MD

Mailing Address 115 Rebecca Ln

City

Glasgow

State

KY

Zip Code

42141-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
UL/Glasgow Family Med Res-
idency

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R7763

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

14350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

A. Full Name (Last, First, Middle Initial)

Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City State Zip Code
 Louisville KY 40218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.61

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: R7826

Amount of Each Receipt this Period

118.11

Cash

SUBTOTAL of Receipts This Page (optional)

118.11

TOTAL This Period (last page this line number only)

118.11

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. MST Awards

Mailing Address 3805 Frankfort Avenue

City Louisville State KY Zip Code 40207

Purpose of Disbursement
Retiring Board Member Recognition Awards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1448

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

61.37

B. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
10/06 Admin Fee (Rent, phone, mail,

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1451

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1646.00

supplies)

C. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse for PAC printing 634.47; PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1452

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2081.66

postage 303.62; PAC Meeting supplies 1,143.57

SUBTOTAL of Disbursements This Page (optional)

3789.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association

Mailing Address Suite 2000
4965 US Highway 42

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Reimburse KMA for annual mtg expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1460

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

159.41

Full Name (Last, First, Middle Initial)

B. Kentucky Telco Federal Credit Union

Mailing Address 3740 Bardstown Road

City Louisville State KY Zip Code 40218

Purpose of Disbursement
Credit Card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1467

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

59.90

SUBTOTAL of Disbursements This Page (optional)

219.31

TOTAL This Period (last page this line number only)

4008.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal-Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1449

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Federal-Affiliated PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1450

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

4600.00

SUBTOTAL of Disbursements This Page (optional)

4650.00

TOTAL This Period (last page this line number only)

4650.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. SA Creative

Mailing Address 10801 Electron Drive, Suite 102

City State Zip Code
Louisville KY 40299-3880

Purpose of Disbursement
Independent Expenditure (Radio Ads) Kerr

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1453

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

8909.50

(KY-12-R): Alvarado (KY-7-3-R); DeWeese (KY-48-R); Koenig (KY-69-R)

Full Name (Last, First, Middle Initial)

B. Marshall E. White

Mailing Address 1304 S. Sixth Street

City State Zip Code
Louisville KY 40206-2248

Purpose of Disbursement
10/06 Political Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1454

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

9009.50

TOTAL This Period (last page this line number only)

9009.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Mr. C. Chad Wiggins, Treasurer

Mailing Address 500 Thomas More Pkwy Ste 5

City
Crestview Hills

State
KY

Zip Code
41017-3471

Purpose of Disbursement
PAC Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D1457

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

3050.00

SUBTOTAL of Disbursements This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

3050.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Adam Koenig Campaign Fund

Mailing Address 3346 Canterbury Ct.

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Non-Federal Adam Koenig (KY-69-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1437

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bruce P. Brockenborough Campaign Fund

Mailing Address 100 A Broadway

City Paducah State KY Zip Code 42001

Purpose of Disbursement
Non-Federal Bruce P. Brockenborough

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1438

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

500.00

(KY-3-R)

Full Name (Last, First, Middle Initial)

C. SA Creative

Mailing Address 10801 Electron Drive, Suite 102

City Louisville State KY Zip Code 40299-3880

Purpose of Disbursement
Independent Expenditures (Radio Ads)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1447

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

34660.00

Kerr (KY-12-R); Alvarado
(KY-73-R); DeWeese (KY-48-R);
Koenig (KY-69-R)

SUBTOTAL of Disbursements This Page (optional)

35660.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. David A. Watkins Campaign Fund

Mailing Address 1413 N Elm St Ste 106

City Henderson State KY Zip Code 42420

Purpose of Disbursement
Returned Check #2712 dated 9/29/2006 for

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	6

Amount of Each Disbursement this Period

-250.00

David A. Watkins, MD (KY-11-D).

Full Name (Last, First, Middle Initial)

B. Ed Worley Campaign Fund

Mailing Address PO Box 597

City Richmond State KY Zip Code 40475

Purpose of Disbursement
Non-Federal Ed Worley (KY-34-D)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Howard Cornett Campaign Fund

Mailing Address 20 El Paso Drive

City Whitesburg State KY Zip Code 41858

Purpose of Disbursement
Non-Federal Howard Cornett (KY-94-R)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC (Kentucky Educational Medical PAC - KEMPAC)

Full Name (Last, First, Middle Initial)

A. Joe Bowen Campaign Fund

Mailing Address 2031 Fieldcrest Drive

City Owensboro State KY Zip Code 42301

Purpose of Disbursement
Returned Check #2714 dated 9/29/2006 for

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1441

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

-500.00

Joe R. Bowen (KY-13-R).

Full Name (Last, First, Middle Initial)

B. Mike Czerwonka Campaign Fund

Mailing Address 2006 Camargo Road

City Louisville State KY Zip Code 40207

Purpose of Disbursement
Returned Check #2723 dated 9/29/2006 for

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1442

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

-500.00

Mike Czerwonka (KY-43-R).

Full Name (Last, First, Middle Initial)

C. Scott Scutchfield Campaign Fund

Mailing Address 1591 Lexington Rd

City Danville State KY Zip Code 40422

Purpose of Disbursement
Contribution General Election

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1444

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Campaign-Boyle Co Judge
Executive

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

36910.00